DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I	hereby declare that:				
My residence, post office addr	ress, and citizenship are as s	tated below next to my nam	ne.		
I believe I am the original, fir names are listed below) of <u>Deflection Swivel and Mathe</u>	the cubiect matter willcii is	2 CRSHISEAN CHET FOR ASSESSED.	or an original, a patent is sou	first and joint inventight on the invention	ntor (if plural tion entitled:
⊠ is at □ was	tached hereto. filed on:	_, as Application Serial No.	**************************************		
I hereby state that I have revie					
I acknowledge the duty to continuation-in-part applicatio national or PCT international in	ns, material information which filing date of the continuation	in-part application.	O11 010 111119	,,	
I hereby appoint the following Trademark Office connected i	attorney(s) and/or agent(s) therewith, with full power of s	to prosecute this application ubstitution and revocation:	on and to transa	ct all business in th	e Patent and
Name Daniel N. Lundeen David B. Dickinson Howard Lee Huddleston Michael F. Hay	Registration No. 31,177 47,525 51,824 54,155	Address Telephone and Correspondence Lundeen & Dickinso P.O. Box 131144 Houston, Texas 77: (713) 652-2555	Calls ee to: on, L.L.P. 219-1144		
I hereby declare that all state believed to be true; and furth made are punishable by fine statements may jeopardize th	her that these statements we	der \$1001 of Title 18 of th	e United States	de on information alse statements a Code and that su	and belief are nd the like so ch willful false
INVENTOR'S FULL NAME:	Vernog E. Kauffman	1) 0	- /	17-04	<u> </u>
INVENTOR'S SIGNATURE:	1 smont	Kurffran	Date: C	3 // 4	
CITIZENSHIP: US	1007 Lynn Circle; Friendsw	and TX 7/9/6			
RESIDENCE ADDRESS: POST OFFICE ADDRESS:	1007 Lynn Circle; Friendsw 1007 Lynn Circle; Friendsw	ood, TX 77546	•		
INVENTOR'S FULL NAME:	Douglass B. Leeth			•	
INVENTOR'S SIGNATURE:			Date: _		· · · ·
CITIZENSHIP: US					•
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POST OFFICE ADDRESS:	P.O. Box 16099; Lake Char	des, LA 70616			
INVENTOR'S FULL NAME:	John A. Lemke				
INVENTOR'S SIGNATURE:			Date:	proposation and the second	
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RESIDENCE ADDRESS:	502 W. Russel Ave. Lot C;	Welsh, LA 70591			
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INVENTOR'S FULL NAME:	Max H. Smith				
INVENTOR'S SIGNATURE:			Date: _		<u> </u>
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RESIDENCE ADDRESS:	3112 West Levingwood Rd	.; Lake Charles, LA 70611		. •	
POST OFFICE ADDRESS:	3112 West Levingwood Rd	.; Lake Charles, LA 70611			

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Deflection Serivel and Mathod the specification of which: is attached hereto. as Application Serial No. П was filled on: I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, with full power of substitution and revocation: Address Telephone Calls and Correspondence to: Registration No. Name Lundeen & Dickinson, L.L.P. 31,177 Daniel N. Lundeen P.O. Box 131144 Houston, Texas 77219-1144 (713) 652-2555 David B. Dickinson Howard Lee Huddieston 47,525 51,824 54.155 Michael F. Hay I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. INVENTOR'S FULL NAME: _ Vernon E. Kauffman INVENTOR'S SIGNATURE: Date: CITIZENSHIP: 1007 Lynn Circle; Friendswood, TX 77546 RESIDENCE ADDRESS: 1007 Lynn Circle; Friendswood, TX 77548 POST OFFICE ADDRESS: INVENTOR'S FULL NAME: _Douglass B. Leeth INVENTOR'S SIGNATURE: Dougla CITIZENSHIP: RESIDENCE ADDRESS: P.O. Box 16099; Lake Charles, LA 70616 POST OFFICE ADDRESS: P.O. Box 16099; Lake Charles, LA 70616 INVENTOR'S FULL NAME: John A. Lemke INVENTOR'S SIGNATURE: CITIZENSHIP: 502 W. Russel Ave. Lot C; Weish, LA 70591 RESIDENCE ADDRESS: POST OFFICE ADDRESS: 502 W. Russel Ave. Lot C; Welsh, LA 70591 Date: 6/22/0 / INVENTOR'S FULL NAME: Max H. Smith INVENTOR'S SIGNATURE:

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